

**RULES  
OF  
TENNESSEE DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION**

**CHAPTER 0940-5-16  
MINIMUM PROGRAM REQUIREMENTS FOR  
MENTAL HEALTH HOSPITAL FACILITIES**

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**0940-5-16-.01 HOSPITAL GOVERNANCE.**

- (1) In addition to meeting rule 0940-5-6-.01 Governance Requirements for All Facilities, a written description of the governing body must be maintained which includes the following:
  - (a) The organization, lines of authority and responsibilities of the governing body;
  - (b) The names and addresses of all owners, controlling parties, officers, directors and/or responsible authorities; and
  - (c) The procedures for hiring a Director/Chief Executive Officer who is delegated authority to implement overall policy and day-to-day operations of the facility.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.02 HOSPITAL POLICIES AND PROCEDURES.**

- (1) The governing body must ensure that a written policies and procedures manual is maintained. In addition to meeting the requirements of rule 0940-5-6-.02 Policies and Procedures for all facilities, the manual must include the following elements:
  - (a) A quality assurance procedure for the assessment of the quality of care. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice;

(Rule 0940-5-16-.02, continued)

- (b) A written program description which must be available to staff, patients and members of the public. The description must include, but need not be limited to, the following:
  - 1. Characteristics of the persons to be served,
  - 2. Referral process,
  - 3. Program rules for patients, and
  - 4. Referral mechanisms for services outside the facility (both medical and non-medical); and
- (c) Procedures to ensure how the patient's parents, guardian, members of the immediate family or other responsible adult are to be notified in the case of any unusual occurrence including serious illness, accidents or death.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.03 HOSPITAL PERSONNEL REQUIREMENTS.**

- (1) The governing body must ensure the following requirements are met:
  - (a) Maintain personnel records on all employees which contain, but are not limited to: job title, job application, job qualifications, verification of credentials, performance evaluations, evidence of employee's professional certification or licensure, and/or appropriate academic degrees when required by the job requirements and date of separation from employment with the facility;
  - (b) Provide a mechanism for staff development and training which must include, but is not limited to, the following:
    - 1. Patient rights,
    - 2. Privacy rights and justification for searches and inspections of patients' person and property, and,
    - 3. Medications and their side effects; and
  - (c) Assure that volunteers, if utilized, are in a supportive capacity under the supervision of an appropriate designated staff member.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.04 HOSPITAL MEDICAL ORDERS.**

- (1) All orders for diagnostic procedures, treatments, medications and transfer or disposition must be recorded legibly in ink or typewritten, dated and signed by the physician, dentist or podiatrist. All telephone orders and oral orders may be taken by licensed nurses. Telephone orders and oral orders may also be taken by allied health specialists who are qualified by training and experience and categorically approved by the medical staff of the facility. Telephone orders and oral orders must be countersigned by the physician, dentist or podiatrist at the time of the next visit.

(Rule 0940-5-16-.04, continued)

- (2) Distinction must be made as to whether medication orders are received “orally” or “by telephone”, and the person recording must sign their name and title. No patient must be given medication, special diet, or treatment except upon a physician, dentist or podiatrist’s order taken by either a licensed nurse or an allied health specialist qualified by training and experience and categorically approved by the medical staff of the facility.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.05 HOSPITAL MEDICATION ADMINISTRATION.**

- (1) Medications must be administered only when ordered by a duly licensed physician, dentist, podiatrist, nurses authorized by law, or other professionally educated practitioners functioning under medical protocol and with the approval of the hospital medical staff by laws and governing board of the hospital and in accordance to state law. When medications are administered, the medication and dosage must be checked against the orders. Each dose must be properly recorded in the clinical record.
- (2) Written policies must be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and dosage.
- (3) All medications must be administered by licensed medical or licensed nursing personnel or by other qualified personnel. (Qualified personnel under these rules means a certified or registered respiratory therapist, a radiological technologist, a nuclear medicine technologist, or a certified physician assistant practicing pursuant to a protocol approved by the medical staff of the hospital.) Such qualified personnel may only administer medication within the scope of an established protocol.
- (4) Legend drugs must be dispensed only by a licensed pharmacist.
- (5) The facility will report medication errors, drug reactions and suspected drug overmedication to the practitioner who prescribed the drugs or the on-call physician in the absence of the prescribing practitioner.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.06 HOSPITAL MEDICATION STORAGE.**

- (1) All medications and other medical preparations intended for internal or external human use must be stored in medicine cabinets or drug rooms. Such cabinets or drug rooms must be kept securely locked when not in use and the key must be in the possession of the supervising nurse or other authorized person.
- (2) Schedule II drugs must be stored within two (2) separately locked compartments at all times and accessible only to persons in charge of administering medication.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.07 DISPOSITION OF UNUSED MEDICATIONS IN HOSPITALS.** Any unused portions of prescriptions must be either turned over to the patient only on a written authorization including directions by the physician or returned to the pharmacy for proper disposition by the pharmacist.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.08 HOSPITAL PHARMACY REQUIREMENTS.**

- (1) All hospitals must have a licensed pharmacy. In hospitals up one hundred (100) beds the pharmacy must be under the full-time or part-time supervision of a pharmacist licensed to practice in the State of Tennessee. A pharmacy in a hospital of over one hundred (100) beds must be under the supervision of a full-time pharmacist.
- (2) The full-time or part-time pharmacist is responsible for the control of all bulk drugs and maintenance of records of their receipts and expenditures. The pharmacist must supervise all dispensing of drugs from the bulk supply, properly label all bottles and make the medications available to the appropriate licensed nursing staff.
- (3) The pharmacy must be operated in accordance with applicable Tennessee State Laws.
- (4) The pharmacy floor space must be allocated to assure that drugs are prepared in sanitary, well-lighted and enclosed places.
- (5) Pharmacy equipment and physical facilities for the proper compounding, dispensing and storage of drugs must be provided.
- (6) A library must be maintained with applicable reference books.
- (7) All designated areas for drug storage within the facility must be maintained in a sanitary environment, appropriate temperature and ventilation, moisture control, segregation, security and lighting. Refrigeration must be provided for thermolabile drugs in all hospital pharmacies.
- (8) The pharmacy must be kept securely locked and vacant if a pharmacist is not on duty. Arrangements must be made in written policies for provision of drugs by use of night cabinets and in emergency circumstances, by access to the Pharmacy during absence of a pharmacist according to the rules of the Pharmacy Board.
- (9) Drugs may be provided by emergency kits provided that such kits meet requirements of the Pharmacy Board.
- (10) No drugs must be distributed by the use of the any mechanical device unless the device has been approved by the Pharmacy Board. The approved device must be stocked with drugs only by or under the supervision of a pharmacist.
- (11) Drugs which are repacked in the pharmacy for use within the facility must be labeled according to the Pharmacy Board's requirements.
- (12) The pharmacy must be responsible for the preparation, sterilization, labeling and dispensing of parental medications within the facility.
- (13) A pharmacist must receive, review and initial a direct copy or an electronic transmission thereof of all medication orders before a drug is dispensed except in an emergency situation.
- (14) Drugs dispensed to inpatients must be recorded on patient medication profiles in accordance with standard pharmacy practice. Such records must be maintained as part of the medical record. The institution must maintain a retrievable record of drugs dispensed for at least five (5) years.
- (15) All substances and legend drugs that have a potential for abuse must be dispensed and recorded accordingly.

(Rule 0940-5-16-.08, continued)

- (16) All drugs for patients who are leaving the facility must be dispensed and labeled by a pharmacist.
- (17) All discontinued, outdated, defective or deteriorated drugs; drug containers with illegible or missing labels; and recalled drugs are to be returned to the pharmacy for proper disposition.
- (18) Whenever patients bring drugs into a hospital facility, such drugs must not be administered unless they can be identified and ordered to be given by a physician. If such drugs cannot be administered, they must be delivered to the pharmacy, packaged, sealed and returned to an adult member of patient's immediate family or stored in the pharmacy and returned to the patient upon discharge.
- (19) A qualified pharmacist must make documented, monthly inspections of all drugs and pharmaceutical materials kept in other areas of the hospital facility.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.09 HOSPITAL PATIENT RECORDS.** In addition to meeting rule 0940-5-6-.05 Individual Client Records, the governing body must ensure that the following requirements are met:

- (1) A person must be designated to be responsible for supervision of medical records. This person must be a qualified medical records practitioner or receive consultation from a qualified individual.
- (2) An individual, separate and complete medical record must be maintained for each patient which includes:
  - (a) Documentation of any referrals made by the facility and the results of these referrals;
  - (b) List of the patient's personal property valued at fifty dollars (\$50.00) or more including its disposition, if no longer in use;
  - (c) Written accounts of all monies received and disbursed on behalf of the patient;
  - (d) Reports of abuse, accidents, seizures, illnesses, treatments for such abuse accidents, seizures and illnesses, immunizations and significant behavior incidents;
  - (e) Documentation of any instance of seclusion, restraint, or restriction with justification and authorization;
  - (f) Appropriate consents and authorizations for the release or obtaining of information about the patient including a standardized release of information which contains:
    - 1. The name and title of the person or organization to which disclosure is to be made,
    - 2. The name of the patient,
    - 3. The purpose or need for the disclosure,
    - 4. The extent and nature of information to be disclosed,
    - 5. A statement that the consent is subject to revocation at any time except to the extent that action has already been taken in reliance thereon and a specification of the date, event, or condition upon which the consent will expire without express revocation,
    - 6. The date on which the consent is signed, and

(Rule 0940-5-16-.09, continued)

7. The signature of the patient or the signature of a person authorized to sign in lieu of the patient;
  - (g) Periodic progress notes which minimally include dates; name of the patient on each page of notes; a brief descriptive statement of the patient's progress, or lack thereof, toward treatment plan goals; and the signature of the clinician preparing the note. Frequency of progress notes must be determined by the patient's condition but must be at least weekly for the first month of hospitalization and monthly thereafter;
  - (h) A discharge summary completed and authenticated to include the provision diagnosis, primary and secondary final diagnoses, clinical resume, condition on discharge or transfer and aftercare arrangements. The discharge summary should be recorded at the time of discharge, but no later than fifteen (15) days after discharge;
  - (i) Reason for admission including presenting problem and referral source;
  - (j) Documentation of all medication and treatment orders including date of order, type, dosage, frequency and reason. Documentation of administration of medication must also be in the patient record;
  - (k) Assessments, including at least the following:
    1. Medical history,
    2. Psychiatric history and/or chemical dependency assessment,
    3. Physical examination (within twenty-four (24) hours of admission and at least annually thereafter),
    4. Laboratory and other diagnostic test results when indicated,
  - (l) Sources of financial support including social security, veterans benefits and insurance; and
  - (m) Sources of coverage for medical care costs.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.10 HOSPITAL INDIVIDUALIZED TREATMENT PLANS.**

- (1) An individualized treatment plan must be entered into each patient's record which is based on the patient's initial history and ongoing assessment and which is completed within ten (10) days of admission. The individualized treatment plan must include the following:
  - (a) Patient's name and case number.
  - (b) The date of development.
  - (c) Patient strengths.
  - (d) Specific, identified patient problems to be addressed during hospitalization.
  - (e) Goals addressing each targeted problem.
  - (f) Specific interventions addressing each goal.

(Rule 0940-5-16-.11, continued)

- (g) Signature(s) of staff who develop the plan and primary clinician(s) responsible for its implementation.
- (2) A review of the individualized Treatment Plan must be completed at least every ninety (90) days. A narrative summary must be completed which includes the progress or lack thereof toward each individual goal and an updated individualized treatment plan must be completed if indicated by the review.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988

**0940-5-16-.11 HOSPITAL LABORATORY REQUIREMENTS.**

- (1) The laboratory must be licensed in accordance with the Tennessee Medical Laboratory Act. All technical laboratory staff must be licensed in accordance with the Tennessee Medical Laboratory Act and must be qualified by education, training and experience for the types of services rendered.
- (2) A written and signed report of each laboratory test and examination must be made a part of the patient's record. There must be a procedure established to allow for effective and immediate communication with the attending physician and other department/services regarding test results, inappropriate specimens, or other consultations.
- (3) Laboratory facilities must be provided in keeping with services rendered by the hospital. Documentation and record keeping must be maintained for tracking and performance monitoring.
- (4) Where facilities for performance of post mortem examinations are not available in the hospital, arrangement are to be made with a local undertaker or another hospital where examination may be made.
- (5) Provisions through contractual services with a licensed laboratory for specific laboratory services may be granted if the contract source is approved and licensed in accordance with the rules and regulations under the Tennessee Medical Laboratory Act.
- (6) All laboratory personnel must have an orientation in infection control policies and employee health at the time of employment. Prior to beginning laboratory studies, the lab personnel must check the readiness, cleanliness and working condition of laboratory equipment. All single service articles will be disposed of after one use. Storage of all laboratory equipment in a clean environment is essential. All personnel involved in laboratory procedures will undergo on-the-job orientation and training with the opportunity for continuing education or they may demonstrate competence in hygiene, infection control, proper cleaning and safe operation of equipment and proper waste disposal. The laboratory must define a traffic control plan.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.12 HOSPITAL RADIOLOGY REQUIREMENTS.**

- (1) Each hospital must provide x-ray facilities for complete diagnostic service consistent with services rendered by the hospital or must have diagnostic x-ray services available by contract
- (2) If x-ray facilities are provided directly by the facility, the facility must assure the following:
  - (a) X-ray personnel must be qualified by education, training and experience for the type of service rendered and must be certified as required by chapter 0880-5 of the Rules of the Tennessee Board of Medical Examiners;

(Rule 0940-5-16-.12, continued)

- (b) All x-ray equipment must be registered with the Tennessee Division of Radiological Health;
- (c) A written and signed report on each x-ray and therapy treatment must be made a part of the patient's record;
- (d) Equipment must include radiographic and fluoroscopic equipment with adequate facilities for the developing and reading of x-ray film;
- (e) X-rays must be retained for four (4) years and may be retired thereafter provided that a signed interpretation by a radiologists is maintained in the patient's medical record under T.C.A. § 68-11-305; and
- (f) Patients, employees and the general public must be provided protection from radiation in accordance with "State Regulations for Protection Against Radiation." All radiation producing machines must be registered and all radioactive material must be licensed by the Division of Radiological Health.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.13 HOSPITAL INFECTION CONTROL.**

- (1) Infection control policies must be developed that include infection control orientation to protect the hospital employees and patients from cross contamination. The policies must ensure the following:
  - (a) Isolation of infectious patients from other patients or staff; and
  - (b) Isolation techniques to include gowns, masks and gloves as needed in transporting of infectious patients to and from the Radiology service.
- (2) Disinfection of use area and equipment in accordance with infection control policies must be accomplished when infectious patients have been served.
- (3) It must be the duty of the Chief Executive Officer or Administrator to assure that an infection control committee including members of the medical staff, nursing staff and administrative staff develop guidelines and techniques for the prevention, surveillance, control and reporting of hospital infections in accordance with hospital rules and regulations. Duties of the committee must included the establishment of:
  - (a) Written infection control measures;
  - (b) Techniques and systems for discovering and reporting infections in the hospital;
  - (c) Written procedures governing the use of aseptic techniques and procedures in all areas of the hospital;
  - (d) Written procedures concerning food handling, laundry practices, disposal of environmental and patient wastes, traffic control and visiting rules in high risk areas, sources of air pollution and routing culturing of autoclaves and sterilizers;
  - (e) A method of control used in relation to the sterilization of supplies and water and a written policy requiring sterile supplies to be reprocessed at specific time periods;
  - (f) Formal provisions to educate and orient all appropriate personnel in the practice of aseptic techniques, such as handwashing and scrubbing practices, proper grooming, masking and dressing care techniques, disinfecting and sterilizing techniques and the handling and storage of patient care equipment and supplies; and



(Rule 0940-5-16-.13, continued)

- (g) Measures which control the indiscriminate use of preventive antibiotics in the absence of infection and the use of antibiotics in the presence of infection based on necessary cultures and sensitivity tests.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.14 HOSPITAL STAFFING REQUIREMENTS.**

- (1) The governing body of a Mental Health Hospital Facility must provide adequate staff to provide services and activities which are adaptable to the individual needs of patients. The governing body must:
  - (a) Provide direct-treatment and/or rehabilitation services by qualified personnel or under the direct clinical supervision of such persons;
  - (b) Ensure that psychiatric services are provided by psychiatrists or by physicians in consultation with a psychiatrist;
  - (c) Arrange for twenty-four (24) hour medical coverage;
  - (d) Provide a direct-care staffing level of at least two (2) direct-care staff members on duty/on site per ward per shift with at least one (1) nurse per building per shift. Supervision by a Registered Nurse must be provided at the facility on a twenty-four (24) hours per day basis;
  - (e) Provide an adequate number of activity therapy staff to provide therapeutic activities on days, evenings, weekends and holidays; and
  - (f) Assure that diagnostic services are provided by a psychiatrist, a clinical psychologist, or an addictionologist, where applicable.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.15 HOSPITAL CENTRAL STERILE SUPPLY AND CONTROL.**

- (1) Sterilizing equipment must be under the supervision of a qualified individual. This qualification consists of a working knowledge of basic bacteriology and principles of sterilization gained through education and experience.
- (2) Sterilizer function must be checked by bacteriological, mechanical and chemical indicators.
- (3) Autoclave functions will be monitored daily by use of mechanical and chemical indicators. Autoclaves equipped with vacuum pumps must be monitored once daily with an appropriate test to verify proper mechanical function. Biological testing must be conducted a minimum of once weekly using a heat-resistant, spore-forming organism.
- (4) Ethylene oxide sterilizers must be checked with mechanical and chemical indicators to verify proper operation of the sterilizer. In addition, each cycle of the sterilizer must be tested with a suitable bacteria.
- (5) All bacteria must be cultured at the temperature recommended by the supplier.
- (6) Precautions must be taken so that soiled supplies cannot contaminate sterile supplies. Sterile supplies must be packaged and stored in a manner that will protect the sterility of the contents. There must be separation between decontamination and preparation areas.

(Rule 0940-5-16-.15, continued)

- (7) Infection control policies and procedures must be developed pertaining to the control of infection by screening and treatment of sick employees and orientation of all central supply personnel in aseptic techniques and in the prevention of contamination through the handling, cleaning and sterilizing of contaminated supplies and equipment.
- (8) All packages or containers must be appropriately labeled. If processed by sterilizing, the label must remain legible. In addition, the label must contain an expiration date.
- (9) A written policy governing expiration dates and procedures for collecting out-of-date or recalled supplies must be formulated.
- (10) Storage must be provided for keeping equipment and supplies in a clean, convenient and orderly manner.
- (11) In lieu of closed storage spaces, dust covers sealed to exclude outside air may be used.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.16 HOSPITAL LAUNDRY PLAN REQUIREMENTS.**

- (1) The laundry facility within the hospital must comply with the following:
  - (a) It must be provided with an area for receiving, processing, storing and distributing of clean linens;
  - (b) It must be located in an area that must not require transportation for storage of soiled or contaminated linen through food preparation area, food storage area, or dining area;
  - (c) It must be provided with a ventilation system to include adequate air intake, filtration, exchange rate and exhaust to minimize microbial dissemination into the hospital environment.
  - (d) Space must be provided for receipt and holding of soiled linen with a ventilation system and exhaust system that must minimize odor and microbial dissemination into the hospital environment;
  - (e) Space must be provided for storage of clean linen within nursing units and for bulk storage within a clean area of the hospital;
  - (f) The laundry must be constructed of a material that may be cleaned and disinfected routinely; and
  - (g) Carts, bags, or other acceptable containers must be provided and appropriately marked to identify those used for soiled linen and those used for clean linen to prevent dual utilization of the equipment and cross examination.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.17 HOSPITAL LAUNDRY MANAGEMENT.**

- (1) The Chief Executive Officer or Administrator of the hospital must appoint a person to manage the laundry and linen service who is qualified for the position by education, training and experience.

(Rule 0940-5-16-.17, continued)

- (2) The supervisor of the laundry must be responsible for the following:
  - (a) Establishing a laundry service within the hospital or by a contract service that provides the hospital with sufficient, clean, sanitary linen at all times;
  - (b) Knowing and enforcing infection control rules and regulations for the hospital laundry service;
  - (c) Conducting a training or orientation course and maintaining a record of same to assure that all laundry-service employees are familiar with the appropriate infection control procedures;
  - (d) Assuring that collecting, packaging, transporting and storage of soiled, contaminated and clean linen is accomplished in accordance with the appropriate infection control rule, regulation and procedure;
  - (e) Assuring that any contract laundry service complies with infection control rules, regulations or procedures to prevent microbial dissemination within the hospital or to the public. Periodic inspections of the contract laundry facility must be conducted by the hospital; and
  - (f) Being a member of the infection control committee or reporting to the staff relative to unusual infection control circumstances in writing.
- (3) Bacterial checks of the laundry, storage areas and clean linen must be accomplished by the hospital laboratory staff when a need is demonstrated and recorded. Reports to the infection control staff of the findings must be accomplished by the laboratory staff.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.18 HOSPITAL MAINTENANCE AND HOUSEKEEPING PLAN REQUIREMENTS.**

- (1) The hospital must be provided with space and facilities for housekeeping equipment and supply storage in each service area of the hospital. A bulk storage area for storage of housekeeping supplies must be provided in other than patient care areas.
- (2) The hospital must have a written plan for the provision of an emergency water supply.
- (3) The building must be kept in good repair, clean, sanitary and safe at all times.
- (4) Mechanical and electrical equipment must be maintained in good repair and operating condition at all times.
- (5) The hospital must be provided with an appropriate method for disposal of waste. Accumulation of waste material must be disposed of routinely as needed to maintain a clean and safe environment.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.19 HOSPITAL MAINTENANCE AND HOUSEKEEPING MANAGEMENT.**

- (1) Employees must participate in an education program on infection control and employee health. This program must include appropriate methods for working in the isolated environment and documentation and understanding of the care of the contaminated tools and equipment.
- (2) The Chief Executive Officer or Administrator of the hospital must appoint a person to supervise housekeeping who is qualified for the position by education, training and experience.

(Rule 0940-5-16-.19, continued)

- (3) The supervisor of housekeeping must have the following responsibilities:
  - (a) Organizing and coordinating the hospital's housekeeping service to provide a safe and hygienic environment for patients and staff;
  - (b) Acquiring and storing sufficient supplies and equipment to maintain the hospital in a clean and sanitary condition at all times;
  - (c) Having knowledge of infection control rules, regulations and guidelines adopted for guidance for hospital housekeeping by departments or services; and
  - (d) Responsibility for the cleaning and sanitary condition of the hospital. The cleaning must be accomplished in accordance with the infection control rules and regulations herein and any departmental guidelines or policies adopted by the hospital.
- (4) All housekeeping staff must receive training or orientation in the infection control rules and regulations herein and guidelines and policies required in special areas established by the hospital.
- (5) Policies and procedures for each department regarding infection control must be maintained and adhered to by the housekeeping department. These policies and procedures must include, but not be limited to, items such as fluid and wet vacuuming, wet mopping techniques, linen service, handling of soiled linens, handling of linen washing and drying, trash collection and incinerations of refuse and cleaning of all areas within the hospital. Policies must be maintained in this department that would include disposal of contaminated waste products. A documentation of supplies used for cleaning and cleaning schedules must be maintained within the department. Specific policies regarding cleaning of isolation areas must be maintained within this department. All housekeeping employees must have an orientation that includes infection control policies and procedures with specific reference to their department and employee health.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.20 CHEMICAL DEPENDENCY TREATMENT UNITS IN HOSPITALS.** To provide a chemical dependency treatment unit as a separate unit in a Mental Health Hospital Facility, the service must be devoted exclusively to the care and treatment of alcohol and/or drug dependency patients. The unit must be under the care of physician(s) qualified in addictionology (the diagnosis and treatment of alcoholism and drug addiction). Other professional personnel utilized in direct patient care should also be qualified in the diagnosis and treatment of chemical dependency. Facilities must be provided to offer protection for the patients and staff against any physical injury resulting from a patient becoming disturbed or violent. Adequate facilities and personnel must be provided for safe, medical detoxification and a procedure available so that a patient can be transferred to an intensive care unit should such care become necessary.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.21 USE OF SECLUSION OR RESTRAINTS IN HOSPITALS.**

- (1) Seclusion or restraint must not be imposed as punishment, as a convenience for staff, or as a substitute for habilitative or rehabilitative programs. The owner or operator must ensure that seclusion or restraint is imposed only in accordance with the following:
  - (a) Seclusion or restraint is only to prevent injury to self or others or to prevent serious disruption of the therapeutic environment. Only current behavior may justify use of seclusion or restraint;

(Rule 0940-5-16-.21, continued)

- (b) Seclusion or restraint must be ordered by a physician following assessment of the need for seclusion or restraint. In emergency situations, other trained clinical professionals may initiate seclusion or restraint prior to obtaining an order. Seclusion or restraint cannot be ordered on a PRN basis;
- (c) Justification of the need for seclusion or restraint must be documented in the patient's record and must reflect that less-restrictive measures were deemed inadequate;
- (d) Seclusion or restraint must be discontinued when other less-restrictive interventions will achieve the same results or when the behavior which led to the seclusion or restraint is under control;
- (e) Seclusion or restraint must not be used in a manner which causes physical discomfort, harm or pain to the patient;
- (f) Regular attention must be given to patients while in seclusion or restraint in regard to meals, clothing, toileting and exercise of restrained extremities;
- (g) Seclusion rooms must be clean, dry, comfortable and not contain anything with which the patient might harm self or others. Seclusion rooms must be designed so that the entire room is visible from the door window
- (h) Restraint must be imposed in an area as private as possible; and
- (i) All uses of seclusion or restraint must be reviewed regularly by the Chief Executive Officer or designee.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.22 USE OF ELECTROCONVULSIVE THERAPY.**

- (1) Facilities which provide or arrange for electroconvulsive or other convulsive therapy must ensure the following:
  - (a) Written informed consent must be obtained from the patient or guardian. Consent may be withdrawn at any time. Provision of electroconvulsive therapy to minors must be in accordance with T.C.A. § 33-3-201;
  - (b) Clinical justification for the use of electroconvulsive or other convulsive therapy must be documented in the patient's record and must reflect consideration of other, less-intrusive therapists; and
  - (c) Electroconvulsive or other convulsive therapy must be ordered by a psychiatrist or in consultation with a psychiatrist if the attending physician is not a psychiatrist.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.23 USE OF PSYCHOSURGERY.**

- (1) Facilities which perform or arrange for psychosurgery or other surgical procedures for the intervention in or alteration of a mental, emotional, or behavioral disorder must assure the following:

(Rule 0940-5-16-.23, continued)

- (a) Written, informed consent must be obtained from the patient or guardian. Consent may be withdrawn at any time. Psychosurgery or other surgical procedures may not be performed on minors;
- (b) Clinical justification for the use of psychosurgery or other surgical procedures must be documented in the patient's record and must reflect consideration of other less-intrusive treatments; and
- (c) The decision to perform psychosurgery or other surgical procedures must be made following consultation with a psychiatrist and a neurosurgeon.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.24 USES OF PHYSICAL HOLDING IN HOSPITALS.**

- (1) Physical holding must be used only when less-restrictive methods have been attempted and must be implemented in such a manner so as to minimize any physical harm to the patient. Physical holding can only be used under the following conditions:
  - (a) To prevent injury to self or others;
  - (b) To prevent substantial property damage;
  - (c) To prevent serious disruption of the therapeutic environment; and
  - (d) In transporting patients to the seclusion room, restraint area, or time out area.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.25 USE OF RESTRICTIVE BEHAVIOR MANAGEMENT IN HOSPITALS.**

- (1) The use of restrictive behavioral interventions to treat maladaptive behaviors must follow the following guidelines:
  - (a) The facility must have clearly defined, written rules for patients that set limits of behavior. Patients must be given copies of these rules upon admission;
  - (b) The use of restrictive contingencies must be under the supervision of a clinical professional and must be included as part of the patient's treatment plan. If, as part of the treatment philosophy, the patient group is involved in setting consequences, this must be subject of the approval of the treatment team;
  - (c) Patients must not be denied food, treatment activities, religious activities, mail, or contact with family as consequences of behavior;
  - (d) Positive and/or non-restrictive procedures must be attempted prior to implementing a restrictive contingency;
  - (e) Contributing environmental factors that may promote maladaptive behaviors must be identified and a program to eliminate or minimize these effects must be implemented.
  - (f) As the intrusiveness of the procedure increases, so should the frequency and intensity of review increase;

(Rule 0940-5-16-.25, continued)

- (g) Positive or desirable behavior must be taught to the patient in conjunction with the implementation of the restrictive procedure;
- (h) Staff must be adequately trained in the implementation of the procedure; and
- (i) Behavior-modification procedures which use painful stimuli must be implemented only with the written, informed consent of the patient or guardian. The patient's record must reflect the clinical justification of such procedures and the consideration of less-aversive interventions.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.26 HOSPITAL EMERGENCY SERVICES REQUIREMENTS.**

- (1) All direct-care staff must be provided training to handle emergency medical and mental health situations.
- (2) Emergency policies and procedures must be reviewed at least annually by all staff.
- (3) Personnel must be available during all shifts in all phases of the facility who are trained in administering first aid, the Heimlich maneuver and cardiopulmonary resuscitation.
- (4) First aid kits must be available to facility staff at all times. Contents of the kits must be selected by nursing staff or medical staff and must include items designed to meet the needs of the facility.
- (5) If patients are transferred to another facility for emergency medical care, the Mental Health Hospital Facility must arrange for the patient to continue to receive treatment for his/her mental health problem.
- (6) Names and phone numbers of all staff to be contacted in emergency situations must be clearly posted in all patient care areas.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.27 CONTRACTED FOOD SERVICE REQUIREMENTS FOR HOSPITALS.** When food service is provided on a contract basis by an outside food management company, the company must comply with all applicable licensing rules and regulations and provide for constant liaison with the hospital medical staff for recommendations on dietetic policies patient treatment.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.28 HOSPITAL FOOD SERVICE PERSONNEL REQUIREMENTS.**

- (1) When food service is provided by the facility, it must be under the direction of qualified food service manager. The food service nutritional aspect must be the responsibility of a qualified dietitian employed by the facility on either a full-time, part-time, or consultative basis.
- (2) The facility must employ an adequate number of food service staff to perform effectively all defined functions. This includes cooks, bakers, dishwashers, clerks and supervisors appropriate in number to meet the needs of the facility and provide coverage for all hours of food service operation.
- (3) No person while known to be infected with any disease in a communicable form; or while known to be a carrier of such disease; or while known to be afflicted with boils, wounds, sores, or an acute respiratory infection must work in any area of the food service department in any capacity in

(Rule 0940-5-16-.28, continued)

- (4) which there is a likelihood of such person contaminating food or food contact surfaces with pathogenic organisms or transmitting disease to other individuals.
- (5) All employees must wear clean garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. They must wash their hands thoroughly in a handwashing facility meeting the requirements of rule 0940-5-16-.33(2) before starting work and as often as necessary to remove soil and contamination. No employee must resume work after visiting the toilet room without five washing his/her hands.
- (6) All persons engaged in the preparation of food for patients must have a current health evaluation. Food handlers' hair must be appropriately covered.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.29 NUTRITION IN HOSPITAL PATIENT CARE.**

- (1) A minimum of three (3) meals in each twenty-four (24) hour period must be served. A supplemental night meal must be served if more than fifteen (15) hours lapse between supper and breakfast. Additional nourishments must be provided to patients with special dietary needs.
- (2) Menus must be written at least a week in advance and must meet the nutritional needs of the patient in accordance with the current recommended dietary allowances of the Food and Nutrition Board, National Research Council and in accordance with the physician's orders.
- (3) Standardized recipes must be used so that the food is properly prepared. Modified or therapeutic diets must be prescribed by written orders by the physician.
- (4) A current therapeutic diet manual approved by the dietary and medical staff must be readily available to all medical, nursing and food service personnel.
- (5) The dietitian must be responsible for the development of a nutritional care plan in compliance with the physician's order to meet the needs of the patient for the maintenance of health, prevention of disease and treatment through diet modification and normal nutritional counseling.
- (6) The dietitian must correlate and integrate the dietary aspect of patient care with the patient and the patient's chart through such methods as patient instruction, recording diet histories, progress notes, nutritional care plans and participation in treatment team meetings.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.30 FOOD PROCUREMENT IN HOSPITALS.** All food approved by the hospital's food service department must be from sources approved or considered satisfactory by the food service department and must be clean, wholesome, free from spoilage, free from adulteration and misbranding and safe for human consumption. No food which has been processed in a place other than a commercial food processing establishment must be used.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.31 FOOD PROTECTION IN HOSPITALS.**

- (1) All food while being stored, prepared, displayed, served or sold in the food service department or during transportation must be protected from all sources of contamination. Frozen foods must be thawed under refrigeration, under running water or cooked from the frozen state. All perishable food must be stored at such temperatures as appropriate to protect it against spoilage. All potentially hazardous food must be maintained at safe temperatures except during necessary periods of preparation and service. Raw fruits and vegetables must be washed before use. Stuffed



(Rule 0940-5-16-.31, continued)

- (2) poultry and meats must be stuffed immediately before cooking. Pork products and poultry must be cooked until well done before serving. Individual portions of food, once served, must not be served to a patient again.
- (3) Dry or staple food items must be stored in accordance with standard dry food storage techniques. Shelves must be at least six (6) inches off the floor to facilitate cleaning and
- (4) adequate ventilation. The room provided for storage of dry or staple food items must be ventilated and must not be subject to sewage or waste water back flow. Poisonous or toxic materials must not be stored in areas with food supplies. Clothing of any kind must not be kept or stored in the kitchen areas where food is kept. Separate janitor closets are recommended for care of kitchen and dining areas. This food products must be protected from contamination caused by condensation, leakage, mopping, insects, rodents, or vermin.

*Authority:* T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.32 HOSPITAL FOOD SERVICE EQUIPMENT AND UTENSILS.**

- (1) There must be space in the dietary department to store food separately from nonfood supplies, prepare and distribute food, maintain appropriate references for personnel, and meet compliance with federal, state and local sanitation and safety laws and regulations.
- (2) All equipment and utensils must be so designed and of material and workmanship as to be smooth, easily cleaned and durable and must be in good repair; and the food contact surfaces of such equipment and utensils must, in addition, be easily accessible for cleaning, non-toxic, corrosion resistant and relatively non-absorbent.
- (3) All equipment must be so installed and maintained as to facilitate the cleaning thereof and of all adjacent areas. Lighting in food service and storage areas must have proper protective shields.
- (4) Single service articles, plastic ware, disposable containers and utensils must be made from non-toxic materials and must be discarded after use.
- (5) Kitchen, dining, storage and serving areas must be maintained in a clean and sanitary manner. Traffic of unauthorized individuals through food preparation and service areas must be prohibited.
- (6) All reusable eating and drinking utensils must be thoroughly cleaned and sanitized after usage with approved cleaning agents and equipment.
- (7) All kitchenware, food cutting boards and food contact surfaces of equipment, exclusive of cooling surfaces of equipment, used in the preparation of serving of food or drink and all food storage utensils must be thoroughly cleaned after each use. Cooking surfaces of equipment must be cleaned every twenty-four (24) hours. All utensils and food contact surfaces of equipment used in the preparation, service, display, or storage must be thoroughly cleaned and sanitized prior to each use. Non-food contact surfaces of equipment must be cleaned at such intervals as to keep them in a clean and sanitary condition.

*Authority:* T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.33 HOSPITAL FOOD SERVICE PLAN REQUIREMENTS.**

- (1) Dishwashing procedures must be well developed and carried out in compliance with state and local health codes. There must be a physical barrier separating dishwashing areas from food service areas. There must be periodic checks at established intervals to:
  - (a) Detergent dispenser operation;
  - (b) Washing, rinsing and sanitizing temperatures and cleanliness of machines and jets; and

(Rule 0940-5-16-.33, continued)

- (c) Thermostatic controls, temperatures checked daily and a log maintained.
- (2) A handwashing lavatory with knee or foot controls or wrist blades must be located in the kitchen and an approved sanitary disposable towel vendor near the lavatory must be provided. No mirror must be provided at this location. Bacteriostatic or approved soap detergent must be provided.
- (3) The food service departments must be provided with an adequate, conveniently located toilet and lavatory facilities for its employees. They must be kept in clean condition and good repair. Toilet doors must have an automatic door close and must not open into the kitchen area.
- (4) All garbage and rubbish containing food wastes must, prior to disposal, be kept in leakproof, nonabsorbent containers which must be kept covered with fitting lids when filled, stored, or not in continuous use. All other rubbish must be stored in a closed container. All garbage and rubbish must be disposed of with sufficient frequency and in such a manner as to prevent an unsanitary condition or a nuisance.
- (5) Effective measures must be taken to protect the food service department and facility against the entrance into or presence of vermin or rodents.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

**0940-5-16-.34 HOSPITAL PATIENT RIGHTS.**

- (1) The governing body must support, protect and enhance the constitutional and statutory rights of all recipients of services. The governing body must have provisions to ensure the protection of patient rights.
- (2) A written description of the patient's rights must be provided to all individuals receiving services. This must include their right to:
  - (a) Grievance and appeal procedures;
  - (b) Respectful, professional attention to any problem which falls within the scope of services provided by the facility;
  - (c) Question and expect an answer to any concern related to therapies or services provided;
  - (d) Confidentiality of communications by the patient to staff and all information in the case record;
  - (e) Access to any information about the patient kept by the agency, unless it is documented that it is therapeutically a disadvantage to the patient;
  - (f) Participate in the development and review of an individual treatment plan;
  - (g) Be informed about the course of treatment; and
  - (h) Give informed consent to treatment.
- (3) Each patient, within twenty-four (24) hours of admission to a facility, must be provided an orientation which includes minimally the following:

(Rule 0940-5-16-.34, continued)

- (a) Explaining the facility's services, activities, performance expectations, rules and regulations including providing to the patient the program description (if applicable);
  - (b) Familiarizing the patient with the facility's premises;
  - (c) Introducing the patient to the direct-care and professional staff responsible for his/her care; and
  - (d) Explaining patient rights and grievance procedures.
- (4) Facilities must not require patients to perform services for the facility which are ordinarily performed by the staff except under the following conditions:
  - (a) The work is part of the individual treatment plan;
  - (b) The work is performed voluntarily;
  - (c) The patient receives wages commensurate with the economic value of the work; and
  - (d) The work project complies with federal, state and local laws and regulations.

Routine self-care and domiciliary activities that the patient would be expected to perform at this own home are not considered as work.

**Authority:** T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.